

IMPORTANT PERSONAL INFORMATION

\_\_\_\_\_ Today's  
 Date \_\_\_\_\_  
 NAME \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 ADDRESS PHONE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ EMAIL  
 \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF RESPONSIBLE RELATIVE/CLOSE FRIEND PHONE

PHONE & EMAIL

NAME OF CLOSE FRIEND/S IN THE FELLOWSHIP  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME, EMAIL, AND PHONE NUMBER OF FAMILY PHYSICIAN

LOCATION OF WILL, LIVING WILL, AND ADVANCE DIRECTIVE FOR HEALTH CARE OR POWER OF ATTORNEY

NAME, EMAIL AND PHONE NUMBER OF ATTORNEY

NAME, EMAIL, AND PHONE NUMBER OF ESTATE EXECUTOR

NAME OF FUNERAL HOME AND CONTACT PERSON/PHONE NUMBER AND EMAIL

MEMORIAL SERVICE INFORMATION: WHERE WILL SERVICE BE HELD, SPECIAL ARRANGEMENTS, ETC. DETAILS MAY BE LISTED ON THE BACK OF THIS SHEET.

ANY OTHER INFORMATION THAT MIGHT BE NEEDED FOR WRITING AN OBITUARY OR SETTLING YOUR ESTATE SHOULD BE IN THE HANDS OF YOUR EXECUTOR. (OVER)

OPTIONAL:

- WHO WILL PERFORM THE SERVICE?
  
- MUSIC? HYMNS? TYPE OF MUSIC?
- READINGS?
  
- FLOWERS?
  
- SHARINGS BY?

Updated 9-9/1 SFS

- CONTRIBUTIONS TO?
- FUNERAL ARRANGEMENTS? CREMATION?
- OTHER INFORMATION: